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7	UNITED STATES D	ISTRICT COURT	
8	WESTERN DISTRICT OF WASHINGTON AT SEATTLE		
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10	STATE OF WASHINGTON; STATE OF ARIZONA; STATE OF ILLINOIS; and STATE OF OREGON,	NO. 2:25-cv-00127	
11		DECLARATION OF	
12	Plaintiffs,	JENNIFER A WOODWARD	
13	V.		
14	DONALD TRUMP, in his official capacity as President of the United States; U.S.		
15	DEPARTMENT OF HOMELAND SECURITY; BENJAMINE HUFFMAN, in		
	his official capacity as Acting Secretary of		
16	Homeland Security; U.S. SOCIAL SECURITY ADMINISTRATION;		
17	MICHELLE KING, in her official capacity		
18	as Acting Commissioner of the Social Security Administration; U.S.		
19	DEPARTMENT OF STATE; MARCO RUBIO, in his official capacity as Secretary		
20	of State; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES;		
21	DOROTHY FINK, in her official capacity as Acting Secretary of Health and Human		
	Services; U.S. DEPARTMENT OF		
22	JUSTICE; JAMES MCHENRY, in his official capacity as Acting Attorney		
23	General; Û.S. ĎEPARTMENT OF AGRICULTURE; GARY WASHINGTON,		
24	in his official capacity as Acting Secretary of Agriculture; and the UNITED STATES		
25	OF AMERICA,		
26	Defendants.		

DECLARATION OF JENNIFER A WOODWARD

- I, Jennifer A. Woodword, declare as follows:
- 1. I am over the age of 18 and have personal knowledge of the matters herein.
- 2. I am the State Registrar at the Oregon Health Authority (OHA). I have held this position for 24 years, and have been with OHA since 1993. As State Registrar, I oversee Oregon's system of vital statistics, including the registration of vital events, such as births, and the issuance of vital records, including birth certificates. I am also familiar with OHA's relationship with the U.S. Social Security Administration, and OHA's role in SSA's "Enumeration at Birth" program for issuance of Social Security Numbers (SSNs) to babies born in Oregon.
- 3. OHA's mission is to protect and improve the health of all people in Oregon. In carrying out that mission, it administers programs and provides services that touch the lives of all Oregonians and visitors to the State. OHA regulates healthcare facilities and oversees the Center for Health Statistics, among other things. The Center is responsible for the registration, preservation, amendment, and release of official state records of all births, deaths, fetal deaths, marriages and divorces that occur in Oregon. It also participates in the U.S. Social Security Administration's Enumeration at Birth program, enabling parents to request issuance of an SSN at or shortly after the time a baby is born, as part of completing the standard birth filing forms in Oregon.
- 4. One primary function of the OHA is to oversee registration and release of birth certificates. The U.S. Department of Health and Human Services, National Center for Health Statistics (NCHS) develops standard form certificates for vital events, which it recommends that the States adopt to maintain nationwide uniformity in the system of vital statistics. Oregon has adopted the U.S. standard form birth certificate, with few modifications.
- 5. The Oregon form to register a birth is called the Birth Record Parent Worksheet and is completed upon the birth of a newborn child. It requires entry of information about the

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child and birthplace, information about the mother and father, and information for hospital use only. The form asks for information about the parents, including place of birth and their SSN if they have one or it is unknown. The form does not contain fields for immigration or citizenship status of a baby's parents. Therefore, Oregon birth certificates do not collect parental immigration or citizenship status information. 6.

- Oregon's form to register a birth does not contain any field for immigration or citizenship status of the baby. Babies born in Oregon have always been considered U.S. citizens, and Oregon birth certificates have always been proof of U.S. citizenship sufficient to obtain a U.S. passport or SSN. Oregon birth certificates contain no information or representation about a baby's immigration or citizenship status.
- 7. As part of the Birth Record Parent Worksheet, parents are asked whether they wish to get an SSN for their children. They select either a "Yes" or "No" box when completing the form.
- 8. After the newborn's parents complete the Birth Record Parent Worksheet, the hospital sends the information electronically to OHA through the Oregon Vital Events Registration System (OVERS) and the birth is registered. OHA and the local public health jurisdiction then use that information to create a birth certificate with the State.
- 9. Oregon participates in the U.S. Social Security Administration's Enumeration at Birth program. The EAB program is a process by which babies born in the United States may obtain an SSN based on the submission of information from the State's vital statistics agency rather than a separate application.
- 10. The Birth Record Parent Worksheet asks for the parents' SSNs. Parents born outside the United States can apply for and receive an SSN for their child born in the United States without including their own SSNs. Because children born in the United States are U.S. citizens, they are eligible for SSNs regardless of their parents' immigration status. The EAB process facilitates a streamlined application and issuance of SSNs to U.S. Citizen babies born

in Oregon. To my knowledge, based on its agreement with the SSA, more than 98 percent of parents in the United States voluntarily request an SSN for their newborns through the EAB program.

- 11. After a healthcare facility receives a completed Birth Record Parent Worksheet indicating that an SSN is sought for a newborn child, it sends the required information to OHA. OHA then sends the required birth record information to the SSA in the prescribed format for the purpose of SSA issuing an SSN to the newborn child. The information sent must include the child's name, date of birth, place of birth, sex, mother's maiden name, father's name if listed on the birth registration document, the mother's address, the birth certificate number, and the parents' SSNs if available.
- 12. In exchange for administering this program and formatting and transmitting certain data to the SSA, OHA receives federal funding from the SSA. Through a contract in place with the SSA, the State currently receives \$4.82 per SSN assigned through the EAB process. In 2023 OHA received \$158,381 through the program. Through three quarters of 2024, OHA has received \$129,900. Under the agreement, OHA only sends EAB records and information to the SSA for enumeration of infants born within the past 12 months, and it receives payment only for records received for births in the current month and the prior two months. Further, the number of records processed and available for reimbursement is reduced by the number of births that are assigned an SSN in SSA Field Offices after the parent has applied for EAB at the hospital. In other words, OHA is only reimbursed for those SSNs assigned through EAB. The annual payment received through the EAB program is approximately 2.1% percent of the Center's annual budget, and OHA uses those funds to support the payment of administrative and operational costs for the Center.
- 13. If children born in Oregon become ineligible for SSNs because they are no longer citizens, OHA will lose federal funds because there will be a decrease in the number of SSN applications sent through the EAB process. For example, if there is an annual decrease of

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approximately 1,500 newborn children eligible for SSNs in Oregon and the SSA declines to issue SSNs for those children, OHA would stand to lose approximately \$7,230per year. Based on my experience, I anticipate that OHA would in fact see an even larger decrease in the number of children eligible to obtain an SSN because data quality may decrease, making it hard to provide enough information to SSA to get an SSN assigned.

- 14. OHA also anticipates additional negative impacts based on the loss of birthright citizenship to newborns in Oregon. If it were no longer the case that all children born in the United States are U.S. citizens at birth and the newborn registration process had to be amended to provide for verification of the parents' citizenship or immigration status, Oregon's vital records system would have no immediate way to reflect this significant change. It would instead require substantial operational time, manpower resources, and technological resources from the Center and healthcare facilities in Oregon to respond to the change. The Center endeavors to avoid deviation from the national standard to preserve interoperability of data systems. Modifying required birth certificate information would require significant system changes for the Center and additional rulemaking by OHA.
- 15. Historically, the National Center for Health Statistics within the U.S. Centers for Disease Control and Prevention (NCHS) has reviewed and revised U.S. standard vital form certificates every 10-15 years only, by way of a years-long collaborative process with state vital records officers and public health experts. Even if NCHS were to develop and promulgate a new U.S. standard birth certificate that included fields for immigration or citizenship information, adoption of a new form by OHA would require significant system changes, which cannot occur overnight.
- 16. A change of this scale would place significant new burdens on OHA and the Center in particular. OHA would need to determine what changes are required to birth certificates and what new information may need to be collected. Once determined, OHA would

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need to work with NCHS to promulgate a new U.S. standard birth certificate for Oregon's adoption. OHA then would have to promulgate a new rule to effectuate the changes.

- 17. Meanwhile, approximately 38,000 babies are born every year in Oregon. That is an average of more than 100 babies per day. It is unclear what would be required or requested of OHA in connection with the registration of births that were to occur prior to the implementation of updated birth certificates, since birth certificates are proof of U.S. citizenship. OHA is not currently equipped to handle those new burdens; for example, it is hard to know how we would go about determining the immigration status or citizenship of every newborn (or their parents) when their immigration status is unclear to us, and whose job it would be to make that determination. Most births are assisted births, and hospitals and midwives are the ones who collect and transmit birth registration information to OHA. Furthermore, all information we receive is self-reported, we have no way to verify it, and we do not receive information concerning the parents' immigration or citizenship status.
- 18. Furthermore, implementing any changes to the Oregon birth certificate—an electronic system comprised of distinct end-user interfaces for medical providers to input data for transmission to OHA, on the one hand, and files OHA can transmit to the SSA, for example, on the other—would require substantial, unbudgeted expenditures by OHA.

I declare under penalty of perjury under the laws of the State of Oregon and the United States of America that the foregoing is true and correct.

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DATED and SIGNED this 21st day of January 2025 at Portland, OR.

State Registrar Oregon Health Authority